

Housemate Survey

Name Age Date

These questions may help you find a housemate with interests similar to yours. If you cannot answer the questions yourself, someone who knows you well can help. If someone helps you, the following information should be supplied:

Assistance provided by Phone

Relationship E-mail

General Information

1.	I would like to live in the following location? (If there is a specific location, list it.) <input type="checkbox"/> City <input type="checkbox"/> Small Town <input type="checkbox"/> In the Country	
2.	I already know someone I'd like to have for a housemate. That person's name is	
3.	I communicate by	
4.	My gender is: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> I would rather live with people who are of the same gender. <input type="checkbox"/> The gender of my housemate doesn't matter to me.
5.	A housemate would need to know this about my lifestyle:	<input type="checkbox"/> I could not live with someone who is:
6.	<input type="checkbox"/> I prefer to live with someone whose age is close to mine. <input type="checkbox"/> The age of my housemate doesn't matter to me.	
7.	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> If yes, what kind of pet? If no, are certain pets ok (I.E. fish) </div> </div>	
8.	<input type="checkbox"/> I smoke. <input type="checkbox"/> I could live with someone who smokes as long as they did it outside. <input type="checkbox"/> I would not want to live with someone who smokes. <input type="checkbox"/> I do not care if my housemate smokes.	
9.	I have the following health/physical issues that may impact the person I live with :	
10.	I have the following allergies (include food, medications or sensitivities [smells, perfumes, etc.]):	

Additional Comments:

Additional Comments:

Personal Traits & Behaviors		Additional Comments:
1.	Mark the words that describe you: <input type="checkbox"/> Friendly <input type="checkbox"/> Shy <input type="checkbox"/> Loud <input type="checkbox"/> Happy <input type="checkbox"/> Sad <input type="checkbox"/> Quiet	
2.	<input type="checkbox"/> I enjoy hugs from:	
3.	<input type="checkbox"/> I am very concerned about the cleanliness of my home/housemate. <input type="checkbox"/> Having a clean home/housemate is not that important to me.	
4.	<input type="checkbox"/> I will share household responsibilities with my housemate. The chores I prefer to do are:	
5.	When I get upset, I	
6.	<input type="checkbox"/> My feelings get hurt easily.	
7.	<input type="checkbox"/> I like to help others.	
8.	<input type="checkbox"/> I like to share my belongings with others.	
9.	<input type="checkbox"/> I borrow things from others often.	
10.	<input type="checkbox"/> I am bothered by profanity and cursing.	
11.	I would want these rules in my home:	
12.	My temperature preference is: <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Don't Care	

Activities & Interests		Additional Comments:
1.	<input type="checkbox"/> I enjoy playing video games.	
2.	<input type="checkbox"/> I enjoy watching movies. If so, what type(s) (comedy, animation/Disney, scary, etc.)?	
3.	<input type="checkbox"/> I enjoy watching television. If so, what shows?	
4.	<input type="checkbox"/> I am bothered by scary or violent movies, television shows, or video games.	
5.	<input type="checkbox"/> I like to listen to music. If so, what type?	
6.	<input type="checkbox"/> I like to play music loudly.	
7.	<input type="checkbox"/> I like to participate in sports. If so, what type(s)?	
8.	<input type="checkbox"/> I like to play games. If so, what type?	
9.	<input type="checkbox"/> I enjoy spending time outdoors. If so, what outdoor activities?	
10.	<input type="checkbox"/> Other hobbies I enjoy are:	
11.	<input type="checkbox"/> I usually stay at home during the day. <input type="checkbox"/> I usually spend the day away from home (Describe what you do.)	

Additional Comments:

Eating Habits	Additional Comments:

1.	<input type="checkbox"/> I can cook my own food.	
2.	<input type="checkbox"/> I am willing to cook for my housemate.	
3.	<input type="checkbox"/> I like to share food.	
4.	<input type="checkbox"/> I do not like to share food.	
5.	<input type="checkbox"/> I require a special diet. (Describe it):	

Additional Comments:

Sleeping Habits		Additional Comments:
1.	On week days (M-F), I generally like to wake up at	
2.	On week days, I like to be in bed by	
3.	On weekends, I generally like to wake up at	
4.	On weekends, I generally like to be in bed by	
5.	<input type="checkbox"/> I get up during the night.	
6.	<input type="checkbox"/> I snore.	
7.	<input type="checkbox"/> I like to take naps.	

Additional Comments:

Socialization		Additional Comments:
1.	I enjoy having guests in my house:	

	<input type="checkbox"/> Every day. <input type="checkbox"/> Once a week. <input type="checkbox"/> A couple of times a week. <input type="checkbox"/> I prefer not having a lot of guests.	
2.	<input type="checkbox"/> I like to attend religious services. If so, what religion? How often do you like to attend religious activities?	
3.	<input type="checkbox"/> I would like to spend time with my housemate.	
4.	<input type="checkbox"/> I would rather go out in the community for activities than stay home. <input type="checkbox"/> I would rather stay home than go out into the community for activities.	
5.	<input type="checkbox"/> When I go out , I like to:	

Additional Comments: